

**UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM (USIIS)
USER AGREEMENT TO PRESERVE CONFIDENTIALITY OF PERSONAL RECORDS**

The data in the Utah Statewide Immunization Information System (USIIS) contain information about individuals, which is to be treated in a manner so as to preserve the confidentiality of the individuals. The USIIS User agrees:

1. To access USIIS only for the health care needs of its students or for meeting reporting requirements.
2. To adhere to the requirements in the USIIS Confidentiality and Security Policy.
3. To safeguard his/her ID and password against use other than allowed by this agreement.
4. To avoid all action that would provide information to others, which would identify individuals reported on these records unless specifically authorized to do so.
5. To not make copies of an individual's record contained in the USIIS for unauthorized use.
6. To not discuss the information on any record in the USIIS outside of the office in any manner that could lead to the identification of the individual described on the record.

The information received in the USIIS is important for student care, legal, statistical and research purposes. It is essential that the general public is confident that the USIIS users respect their privacy and maintain confidentiality of the information reported on records filed with the USIIS. Statutory and regulatory requirements make it incumbent that users follow the rules outlined above. Your cooperation and assistance in maintaining the confidentiality of these documents is appreciated. Violations of this confidentiality agreement is grounds for disciplinary action and, depending on the seriousness of the violation, may result in dismissal from using USIIS and /or legal prosecution.

I have read the above information and that it has been reviewed with me by USIIS staff or a local KIDS/WebKIDS administrator. I understand the importance of and agree to uphold the confidentiality rules of the USIIS.

Date: _____ User's Signature: _____

User's Name: (print) _____

User's E-Mail Address: _____

User's Telephone Number: _____

School District: _____

School Name: _____

Date: _____ USIIS Local Administrator Signature at School Site _____

(For Participating School Use only. Only one signature needed for each School)

Date: _____ Organizational Representative Signature _____

(For USIIS Staff only)

Date: _____ USIIS Staff Signature _____